Umina Park Home for the Aged

Performance Report

22-24 Mooreville Road
BURNIE TAS 7320
Phone number: 03 6433 5166

**Commission ID:** 8811

**Provider name:** OneCare Limited

**Assessment Contact - Site date:** 29 September 2020

**Date of Performance Report:** 6 October 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumer representatives – consumer care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents. Consumers were not interviewed during the assessment contact in line with COVID-19 risk management. Telephone interviews with representatives did inform the recommendations of the team.

The Assessment Team assessed two requirements in Standard 3 therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team reviewed documentation in relation to high impact and high prevalence risks for consumers and found evidence of treatments, incident management and communication with health professionals and family members and effective care delivery.

Representatives are satisfied that the care needs of consumers are being met and risks to any deterioration in health are being managed appropriately.

Staff described the management of incidents including wound management and falls and said in the event of a fall, they would contact the registered nurse in charge to conduct neurological observations and commence recording of observations and pain charting.

Requirement 3 (3) (b) is assessed as Compliant

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team found infection control defences at the service to prevent transmission and to recognise and respond to symptoms of COVID-19 to be satisfactory.

Observations by the Assessment Team noted that staff were following infection control protocols in line with identified risks.

Staff said they feel confident the service is prepared and would be able to manage an infectious out-break if one occurred. Clinical staff said medical officers are very aware of the need to minimise the use of antibiotics for consumers and staff also bring to their attention when a consumer has been prescribed prolonged antibiotic use.

Requirement 3 (3) (g) is assessed as Compliant.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.